



Applicant's Name: \_\_\_\_\_

**Elmore County Sheriff's Office**  
2255 E 8<sup>th</sup> North, Mountain Home, Idaho 83647  
Phone: (208)587-2100 Fax: (208) 587-2118

**MIKE HOLLINSHEAD**  
SHERIFF

Office of  
**Sheriff, Elmore County**  
State of Idaho  
2255 East 8<sup>th</sup> North  
Mountain Home, Idaho

**GREG BERRY**  
CHIEF OF OPERATIONS

Phone (208) 587-2121

Fax (208) 587-2118

**Dear Prospective Applicants:**

Peace officers have unique job functions, some of which can be physically demanding. A Peace Officer's capability to perform those functions can affect personal and public safety. Physical fitness underlies an officer's ability to perform the frequent and critical job tasks demanded. The minimum fitness standards identified below are levels which help determine an officer's capacity to safely learn and perform frequent compromising and sometimes critical job tasks. Higher levels of fitness are associated with better performances of physical job tasks required of Idaho Peace Officers.

All applicants are subject to a polygraph examination prior to employment and will automatically be disqualified for the following, in accordance with IDAPA 11.11.01— Rules of the Idaho Peace Officers Standards & Training (POST) Council:

- Illegal use or possession of marijuana in the past one (1) year; use of marijuana on a regular or confirmed basis within the last three (3) years
- Illegal use or possession of illegal substances within the past five (5) years
- Suspended driver's license within the last two (2) years

Applicants must score at least the minimum on the following tests:

- Vertical Jump: 14.0 inches
- Sit-ups: 15-18 in 1 minute
- Push-ups: 21-22
- 300 Meter Run: 74.1-77 seconds
- 1.5 Mile Run/Walk: 16 min 44 sec-17 min 17 sec

Thank you for your interest in working for the Elmore County Sheriff's Office.

Sincerely,

\_\_\_\_\_  
Mike Hollinshead, Sheriff



Applicant's Name: \_\_\_\_\_

**Elmore County Sheriff's Office**  
**2255 E 8<sup>th</sup> North, Mountain Home, Idaho 83647**  
**Phone: (208)587-2100 Fax: (208) 587-2118**

The Elmore County Sheriff's Office is an equal opportunity employer. Applications are invited from all qualified applicants regardless of race, sex, religion, veteran's status, or disability.

---

**Employment Requirements:**

- **Must be a US Citizen**
- **Age:** Must be 21 years of age by examination process
- **Education/Experience:** High School Diploma or GED required
- **Physical/Medical:** Successful applicants must pass the pre-P.O.S.T. physical agility test, P.O.S.T. medical/vision/hearing examination, polygraph and psychological examination prior to appointment, where required. It is understood that the results of these tests will be used (in part) to determine fitness for the position you are applying for. As such, you consent to the use of those tests by personnel in the Sheriff's Office.
- **Vision:** Corrected: 20/20; Strong Eye Corrected: 20/20; Weak Eye Corrected: 20/50
- **Hearing:** Sufficient range of hearing that allows applicant to successfully perform duties and requirements of position, with or without aid; a hearing test may be required for certain positions
- **Background:** A thorough background investigation will be conducted on successful applicants identified for this possible position to include but not limited to, criminal/traffic history, moral character, financial affairs, work history, education, and personal history to include contact with co-workers, family, friends, acquaintances, neighbors, and associates.
- **Lateral Applicants:** Must have completed an Idaho P.O.S.T. certified basic academy and satisfactorily completed a probationary period with a current or prior law enforcement agency, be in good standing with either, and have at least one-year continuous experience as a full-time peace officer after the completion of the field training program. A photo copy of your P.O.S.T. Certificate must be attached to your application at the time of submission.
- **P.O.S.T. Certifiable Applicants:** Must have successfully completed an Idaho P.O.S.T. certified basic academy or an Idaho P.O.S.T. certified vocational program within 12 months preceding the application submission date. A photo copy of your certificate of graduation must be attached to your application at the time of submission.
- **Firearms:** Deputy Applicants must pass the Idaho P.O.S.T. Firearms qualification.
- **Dispatch/Administration Positions:** Applicants must be able to type a minimum of 40 words per minute. A typing test is required prior to application; the test can be taken online at several websites, or you can contact human resources for assistance in contacting the Idaho Department of Labor personnel to take it with them.
- **Depending on the department you are applying for, *additional testing may be required***
- **All applicants will be subjected to pre-employment drug testing**



Applicant's Name: \_\_\_\_\_

**Elmore County Sheriff's Office**  
**2255 E 8<sup>th</sup> North, Mountain Home, Idaho 83647**  
**Phone: (208)587-2100 Fax: (208) 587-2118**

### **Examination Process (Deputy Applicants)**

A physical agility test, polygraph, psychological examination, and oral interview may be administered; a written test is possible. Applicants may be exempt from portions of the testing at the discretion of the Sheriff.

### **Lateral Deputy Applicants**

Minimum requirements above must be met, ***and:***

1. Hold an Idaho P.O.S.T. Academy certification (attach copy to application)
2. Satisfactorily completed a probation period with current or prior agency
3. Satisfactorily completed one (1) continuous year of service assigned to a patrol division or other similar field duties
4. Lateral applicants that have been out of Law Enforcement for more than five (5) years must attend the Idaho P.O.S.T. Basic Academy to be recertified

### **POST Certifiable Deputy Applicants**

Must meet all of the above requirements ***and*** must have completed an Idaho P.O.S.T. certified Basic Academy or an Idaho P.O.S.T. certified Vocational Program within 12 months preceding the application of submission date.

### **You WILL NOT be eligible to be an employee of the Elmore County Sheriff's Office if:**

- You are not 21 years of age.
- You do not possess or cannot obtain a valid driver's license.
- You have not graduated from an accredited high school, or do not hold a GED.
- You do not have the minimum required work experience.
- You are not a citizen of the United States.
- You have been dishonorably discharged, less than honorable, or received a bad conduct discharge from the military.
- You have been convicted of D.U.I. within the last two (2) years or have had two (2) DUIs within the last five (5) years. A diversion or reduction to lesser charge or withheld judgment is the same as a conviction.
- You have four (4) or more moving violations in the three (3) years preceding application.
- You have had your driver's license suspended within the last two (2) years.
- You have been convicted of any felony charges, traffic or criminal.
- You have been convicted of any misdemeanor charges in the past five (5) years.
- You have used or possessed marijuana within the past one (1) year; or have used marijuana on a regular, confirmed basis within the past three (3) years.
- You have used or possessed any illegal controlled substances within the past five (5) years.
- You have EVER manufactured, sold, offered to sell, distributed, or transported, for sale or use, any illegal drugs/narcotics illicitly or outside the official duties of a law enforcement officer.
- You have been convicted of any crime involving deceit.



Applicant's Name: \_\_\_\_\_

**Elmore County Sheriff's Office**  
**2255 E 8<sup>th</sup> North, Mountain Home, Idaho 83647**  
**Phone: (208)587-2100 Fax: (208) 587-2118**

- You do not successfully pass a polygraph or you cannot be certified medically by physicians.
- You have been convicted of a crime or have been found to be mentally incompetent in any jurisdiction, including domestic violence related crimes, which precludes you from possessing a firearm.
- You do not possess good moral character as determined by background investigation.

**You ARE NOT LIKELY to be eligible to be an employee of the Elmore County Sheriff's Office if:**

- Your traffic history shows a continuing and/or recent pattern of poor decision making
- Your financial affairs or personal life shows a history of poor judgement or refusal to confront problems (Example: Nonpayment of child support, ignoring overdue bills, etc.)
- You have a pattern of involvement with illegal drugs
- Your work history shows a pattern of unexcused absences, discipline, or discharge
- You have recently or are currently misrepresenting yourself or ignoring any laws. (Example: Not paying taxes, using a false address for school tuition purposes)
- People who know you have doubts about your honesty, integrity, or character
- You have been involved in any significant misdemeanor activity
- You have received an administrative discharge of "General under Honorable Conditions," or an "Uncharacterized" discharge from the military
- You have ingested, inhaled, injected, or absorbed any substance with the intent to alter your mental state or create a physiological change

**Drug Use Disqualifications:**

- Any illegal drug use within the last five (5) years with the exception of marijuana
- Use of marijuana within the last (1) year; or regular, confirmed use within three (3) years
- Any illegal use of amphetamines/methamphetamines within ten (10) years
- Any use of heroin within ten (10) years
- Any illegal opiates/narcotics or abuse of prescribed opiates/narcotics within five (5) years
- Any use of hallucinogenic drugs (mushrooms, LSD, PCP, etc.) ever
- Illegal use of cocaine, regardless of its form, within the last seven (7) years
- Participating in the manufacturing, selling, offering to sell, distribution or transporting for sale any illegal drugs/narcotics, regardless of time frame
- Use of illegal drugs while employed by a law enforcement agency, regardless of the time frame
- Use of non-prescribed steroids, regardless of form, within the last five (5) years

**Automatic Disqualifiers-Prison Rape Elimination (PREA) efforts and regulations require:**

- The agency shall not hire or promote anyone who may have contact with inmates, and shall not enlist the services of any contractor who may have contact with inmates, who:



Applicant's Name: \_\_\_\_\_

**Elmore County Sheriff's Office**  
**2255 E 8<sup>th</sup> North, Mountain Home, Idaho 83647**  
**Phone: (208)587-2100 Fax: (208) 587-2118**

- Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997);
- Has been convicted of engaging or attempting to engage in sexual activity in a community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or
- Has been civilly or administratively adjudicated to have engaged in the activity described in the above section.

**How to Apply:** \_\_\_\_\_

Complete the following application and mail/return in person to:

Elmore County Sherriff's Office  
2255 East 8<sup>th</sup> North  
Mountain Home, ID 83647

***Application must be completed in entirety and notarized; failure to complete application, or applications completed illegibly, will not be considered***



Applicant's Name: \_\_\_\_\_

Elmore County Sheriff's Office  
2255 E 8<sup>th</sup> North, Mountain Home, Idaho 83647  
Phone: (208)587-2100 Fax: (208) 587-2118

### Application for Employment

Application must be typewritten or printed legibly in ink. Please answer all questions to the best of your ability. Omitted or false information will disqualify the applicant.

Name: (Last, First, Middle): \_\_\_\_\_

Position Applying For: *Please check the box listed above the Division you wish to apply for:*

- Patrol
- Detective
- Dispatch
- Marine Patrol
- County Jail
- Court House Security
- Administration
- Reserves

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone Number: ( ) \_\_\_\_\_ Alternate Phone Number: ( ) \_\_\_\_\_

Have you ever been employed by Elmore County?  Yes  No If Yes give date(s): \_\_\_\_\_ to \_\_\_\_\_

Are you related by blood or marriage to any person now employed by Elmore County?  Yes  No

If yes, provide name and relationship to you \_\_\_\_\_

### Arrest History/Court Information/Convictions

Have you ever been convicted of a felony or misdemeanor?  Yes  No

Have you ever served time in prison?  Yes  No

Have you ever been arrested, charged, or received a notice or summons to appear as a defendant, convicted, pled no contest, pled guilty to any criminal violation or citation, received a withheld judgement, or equivalent, or a prosecutor's probation, regardless if the record is sealed or the charge was later dismissed or expunged?  Yes  No

If you answered yes to **ANY** of the questions in this section, or have been involved in a criminal investigation, even if you were not formally charged, made no court appearance, found not guilty, no contest, Alford plea, received a withheld judgement or equivalent to any charge for which adjudication was withheld, or matter settled by payment of fine or forfeiture of collateral or payment of bond, please attach a sheet of paper that includes the following information: dates, charge place, and action taken. **A YES answer in this section will not necessarily automatically disqualify you from employment, HOWEVER, failure to disclose this information can and will disqualify you as an applicant.**



Applicant's Name: \_\_\_\_\_

Elmore County Sheriff's Office  
2255 E 8<sup>th</sup> North, Mountain Home, Idaho 83647  
Phone: (208)587-2100 Fax: (208) 587-2118

### Driving History

Driver's License # \_\_\_\_\_ Issuing State: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ License Restrictions: \_\_\_\_\_

Have you ever been denied issuance of a license, or have you ever had a license suspended or revoked?

Yes  No If yes, please provide details below. Please include date(s) license was suspended.

---



---



---



---

Have you ever held an operator license in another state?  Yes  No. If Yes, please provide state(s), name used and approximate dates held.

Issuing State	Name Used	Approx. Dates Held (MM/YY-MM/YY)

Have you ever had automobile insurance refused, withdrawn, revoked, or been required to obtain special risk insurance?  Yes  No. If yes, please provide complete details.

---



---



---



---

Have you ever received a citation or been charged with a traffic violation?  Yes  No. If yes, please complete the following section.

Date	City, State	Charge/Citation



Applicant's Name: \_\_\_\_\_

Elmore County Sheriff's Office  
 2255 E 8<sup>th</sup> North, Mountain Home, Idaho 83647  
 Phone: (208)587-2100 Fax: (208) 587-2118

## Personal History

Are you a United States Citizen?  Yes  No

If you are a naturalized citizen, please provide the location of naturalization, court, and naturalization #:

Can you perform all essential functions of this job with or without reasonable accommodations?  Yes  No

List all other names (including maiden) that you have used in the past:

Name	Circumstance	From MM/YY	To MM/YY

## Education and Training

High School or GED Name/Address	Dates Attended MM/YY-MM/YY	Years Completed	Did You Graduate?	Type of Degree

College/University Name & Address	Dates Attended MM/YY-MM/YY	Years Completed	Did You Graduate?	Type of Degree





Applicant's Name: \_\_\_\_\_

**Elmore County Sheriff's Office**  
**2255 E 8<sup>th</sup> North, Mountain Home, Idaho 83647**  
**Phone: (208)587-2100 Fax: (208) 587-2118**

Other Schools (Trade, Vocational, Business or Military) Name & Address	Dates Attended MM/YY-MM/YY	Years Completed	Did You Graduate?	Type of Degree

Describe any awards, honors, citations positions held in school organizations, and any other special recognitions you received while attending school:

---



---



---



---

Have you ever been expelled or suspended from school?  Yes  No If yes, please explain:

---



---

List any foreign languages you can speak/read/write, and the degree of proficiency:

---



---

List any Law Enforcement Training/Education: (Attach additional sheets if necessary)

Topic of Training	Certificate?	Date	Training Location

Describe any special abilities, interests, and hobbies including the degree of proficiency:





Applicant's Name: \_\_\_\_\_

Elmore County Sheriff's Office  
2255 E 8<sup>th</sup> North, Mountain Home, Idaho 83647  
Phone: (208)587-2100 Fax: (208) 587-2118

**Employer:** \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (    ) \_\_\_\_\_ Supervisor: \_\_\_\_\_

Position: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**Employer:** \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (    ) \_\_\_\_\_ Supervisor: \_\_\_\_\_

Position: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**Employer:** \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (    ) \_\_\_\_\_ Supervisor: \_\_\_\_\_

Position: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Have you ever been dismissed, asked to resign, or had any disciplinary action taken against you from any employment or volunteer position you have held?  Yes  No If yes, please explain:

---

---

Have you ever resigned or left a job by mutual agreement, following allegations of misconduct or unsatisfying job performance?  Yes  No If yes, please explain:

---

---



Applicant's Name: \_\_\_\_\_

**Elmore County Sheriff's Office**  
**2255 E 8<sup>th</sup> North, Mountain Home, Idaho 83647**  
**Phone: (208)587-2100 Fax: (208) 587-2118**

Please list every state you have lived and/or worked in, and approximate dates:

State	Dates	Lived/Worked/Both

### Personal and Professional References

---

Please list the names of three (3) persons not related to you by blood or marriage. Please be sure to include email addresses for your references as it assists with the background investigation.

Complete Name: \_\_\_\_\_ Years Known: \_\_\_\_\_  
Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Email: \_\_\_\_\_  
Home/Cell Phone Number: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

---

Complete Name: \_\_\_\_\_ Years Known: \_\_\_\_\_  
Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Email: \_\_\_\_\_  
Home/Cell Phone Number: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

---

Complete Name: \_\_\_\_\_ Years Known: \_\_\_\_\_  
Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Email: \_\_\_\_\_  
Home/Cell Phone Number: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_



Applicant's Name: \_\_\_\_\_

**Elmore County Sheriff's Office**  
 2255 E 8<sup>th</sup> North, Mountain Home, Idaho 83647  
 Phone: (208)587-2100 Fax: (208) 587-2118

**Current/Prior Law Enforcement Experience**

Has your law enforcement certification ever been suspended, revoked, relinquished, or subject to discipline or investigation by POST or any other state's law enforcement certification agency?  Yes  No If yes please explain:

Identify all claims or lawsuits (however characterized) filed against you or your employing agency based on allegations of negligent, wrongful acts, or omissions by you.

Agency	Plaintiff(s)	Approx. Date	Court Where Filed

Identify all disciplinary actions taken against you (however characterized) by a law enforcement officer:

Agency	Supervisor Taking Action	Approx. Date	Basis/Form of Discipline

Identify all circumstances in which you have been requested or ordered to take a polygraph, CVSA, or other truth verification test.

Agency	Basis for Exam	Approx. Date	Outcome/Result



Applicant's Name: \_\_\_\_\_

Elmore County Sheriff's Office  
2255 E 8<sup>th</sup> North, Mountain Home, Idaho 83647  
Phone: (208)587-2100 Fax: (208) 587-2118

## Military History

---

Have you ever served on active duty in the Armed Forces of the United States?  Yes  No

Branch of Service: \_\_\_\_\_ Highest Rank: \_\_\_\_\_

Duty Dates: From: \_\_\_\_\_ To: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Dates and type of Discharge: \_\_\_\_\_

Are you or have you ever been a member of a reserve unit or the National Guard?  Yes  No

If yes, state the branch of service, name and location of your unit:

\_\_\_\_\_

Discharge Type: state the type of discharge you received, and provide a copy of your DD-214:

\_\_\_\_\_

Was there any type of discipline taken against you while in the service?  Yes  No

If yes, provide: Date: \_\_\_\_\_ Place: \_\_\_\_\_

Nature of Offence: \_\_\_\_\_ Action Taken: \_\_\_\_\_

Have you served in the Armed Forces in a foreign country?  Yes  No

If yes, provide: Country: \_\_\_\_\_ Dates: \_\_\_\_\_



Applicant's Name: \_\_\_\_\_

**Elmore County Sheriff's Office**  
2255 E 8<sup>th</sup> North, Mountain Home, Idaho 83647  
Phone: (208)587-2100 Fax: (208) 587-2118

**Veteran's Preference**

**(Reference I.C., Title 65, Chapter 5, and U.S.C.-2108)**

**If you are NOT claiming Veteran's Preference, please initial here \_\_\_\_\_ and proceed to the next section.**

Per Idaho Code, Title 65, Chapter 5, Employer will afford a preference to employment of veterans. In the event of equal qualifications and experience between candidates for an available position, a veteran who qualifies will be preferred. If claiming preference, please complete the information below and attach a copy of your DD-214 to this application. The term "active duty" means full-time duty in the Armed Forces, but NOT active duty for training.

**Preference Eligible Veterans:**

- I served on active duty in the Armed Forces of the United States for a period of more than 180 days and was honorably discharged.
- I have a service-connected disability of 10% or more
- I am the spouse of an eligible disable veteran, who has a service-connected disability
- I am the widow or widower or an eligible veteran and have remained un-married
- I have attached a copy of my DD-214. Veteran's preference will not be considered without this document.

**Organization Membership**

Are you now, or have you ever been, a member of any foreign or domestic organization, association, movement, group or combination of persons which advocates or approves the commission of acts of force or violence to deny other persons their rights under the Constitution of the United States, or which seeks to alter the form of government of the United States by unconstitutional means?  Yes  No

If yes, please explain, including name of organization, dates of membership and location:

---

---

---

Have you ever made a financial or other material contribution to any organization of the type described above?

- Yes  No

If yes, please explain, including name of organization, date(s), and location:

---

---

---

*If applicable:* At the time of your membership, participation, or contribution, did you know of any unlawful aims of the organization?  Yes  No

If yes, explain including name of organization, dates, and location:

---

---

---



Applicant's Name: \_\_\_\_\_

**Elmore County Sheriff's Office**  
2255 E 8<sup>th</sup> North, Mountain Home, Idaho 83647  
Phone: (208)587-2100 Fax: (208) 587-2118

**Signature/Certification of Accuracy and Notary Seal**

I, \_\_\_\_\_, hereby certify that each and every statement made on this form is true and complete to the best of my knowledge, and I understand that any misstatement or omissions of any information will subject me to disqualification of this document and, if employed by this Agency, I acknowledge that my failure to update this information may result in my discipline up to and including termination from employment. I understand that should an investigation disclose inaccurate, incomplete, or misleading answers, my application may be rejected and my name removed from consideration for employment for this employer, and if employed, my termination from employment.

Signed this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
Signature in Full

\_\_\_\_\_  
Printed Name in Full

**Notary**

State of \_\_\_\_\_)  
:ss.  
County of \_\_\_\_\_)

On this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, the undersigned notary public in and for said State, personally appeared \_\_\_\_\_ or identified to me to be the person whose name is subscribed to the within instrument, and acknowledged to me that he/she executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal the day and year in this Statement first above written.

\_\_\_\_\_  
Notary Public  
Notary Public in and for the State of \_\_\_\_\_

Residing in \_\_\_\_\_ (Official Seal)

My Commission Expires: \_\_\_\_\_, 20\_\_\_\_\_





Applicant's Name: \_\_\_\_\_

**Elmore County Sheriff's Office**  
2255 E 8<sup>th</sup> North, Mountain Home, Idaho 83647  
Phone: (208)587-2100 Fax: (208) 587-2118

**Release of Information**

Applicants Full Name: \_\_\_\_\_

Maiden Name and All Aliases: \_\_\_\_\_

Date of Birth: \_\_/\_\_/\_\_

I hereby authorize any authorized representative bearing this release, or copy thereof, to obtain any information in your files pertaining to me including, but not limited to, achievement, attendance, personal history, disciplinary records, credit records, criminal history records, training records, and educational records. I specifically authorize all of my prior employer(s) to give their opinions about my prior work history, work ethic, whether or not they would rehire me and any other opinions that may be pertinent to my application for employment with the requesting agency.

I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use of the requesting agency. Consent is granted for the agency to furnish such information, as is described above, to third parties in the course of fulfilling its official responsibilities. I hereby release you, as the custodian of such records, and your employer, education institution, credit bureau or consumer reporting agency, including its officers, employees, and related personnel, both individually and collectively, from and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. A photocopy of this form will be as effective as the original.

I hereby authorize the National Records Center, St. Louis, Missouri, or other custodian of my military record to release information of photocopies from my military personnel, including a photocopy of my DD 214, Report of Separation to the above listed agency and address.

Signed this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Signature in Full

\_\_\_\_\_  
Printed Name in Full

**Notary**

State of \_\_\_\_\_)

: ss.

County of \_\_\_\_\_)

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, before me, the undersigned notary public in and for said State, personally appeared \_\_\_\_\_ or identified to me to be the person whose name is subscribed to the within instrument, and acknowledged to me that he/she executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal the day and year in this Statement first above written.

\_\_\_\_\_ - Notary Public

Notary Public in and for the State of \_\_\_\_\_

Residing in \_\_\_\_\_

My Commission Expires: \_\_\_\_\_, 20\_\_\_\_\_.

(Official Seal)